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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|------------------|
| Application Number | 10/008,140 |
| Filing Date | 10/18/01 |
| First Named Inventor | |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 08841 PHARM1040U |

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As of September 9, 2002, I will be employed at the U.S. Patent & Trademark Office as a Patent Examiner. In compliance with 37 C.F.R. 10.10(c), which states that a practitioner who is an employee of the Office cannot prosecute or aid in any manner in the prosecution of any patent application before the Office, I request to withdraw as an agent for the above identified patent application.

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

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| This request is enclosed in triplicate. | | | | | |
| Name | Josephine Young | | | | |
| Signature | | | | | |
| Date | September 3, 2002 | | | | |
| <p>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</p> | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.